



**OFFICE OF THE MISSION DIRECTOR,  
NATIONAL RURAL HEALTH MISSION  
House No.16, Jana Path, opp. Kendriya Vidyalaya Khanapara, Guwahati-22**

No. NRHM/FW/PNDT/349/06-07/

Dated: 25<sup>th</sup> August 2009

To

The Addl. CM&HO (FW) cum Jt. Secretary, D.H. S. , All District  
\_\_\_\_\_ District

**Sub: Guideline for Post Partum Family Planning (PPFP)**

Sir,

With reference to the subject cited above, I am to inform you that the performance of Family planning can be improved if we can integrate Post Partum Family Planning (PPFP) with other MCH services. The following guideline from Govt. of India is to be followed in your district.

**Integration of PPFP with other services Pre and Immediately Post Pregnancy**

There are multiple opportunities for the health personnel to interact with women during her reproductive cycle like Antenatal, Natal and Postnatal period, and also during Immunization sessions at the Health Institutions and Village Health and nutrition days. Studies show that FP messages need to be given during these multiple occasions and not only during Antenatal period. Women need information regarding return of fertility, risk of pregnancy and the benefits of temporary and permanent methods of family planning.

**During ANC**

- Counselling on reproductive intentions, Spacing births, Lactation Amenorrhea Method (LAM), return to fertility, timing for starting contraception.
- Exclusive breast feeding upto six months.
- Counselling for Post Partum Intra uterine Contraceptive Device (PPIUCD) or sterilization
- Strong association with FP use

**Immediate post-delivery**

- Stronger association with starting FP use by offering methods
- Opportunities during monitoring of mother & baby after delivery/at the time of discharge
- Counseling on reproductive intentions, return to fertility, timing for starting contraception
- Services for PPIUD and sterilization
- LAM or progestin-only for non-breastfeeding women

**1-6 week postpartum consultation(s)**

- Opportunities during post natal visits.
- Counseling on reproductive intentions, return to fertility
- Reinforce LAM, plan transition to other modern methods
- If ending LAM, transition to IUD, pills, injectable.
- Strong association with FP use

**At the Time of Child health Vaccination / Consultations:**

- Opportunities during health / immunization visits
- Referral or provision of method
- Some evidence of association with FP use

## Timing of Method Use in the Postpartum Period

Family Planning Method	Fully or nearly fully breastfeeding	Partially Breastfeeding or not breastfeeding
Lactational Amenorrhea Method (LAM)	Immediately	(Not applicable)
Copper-T 380 A	Post Placental insertion (within 10 minutes of delivery, only by trained providers), Immediate Post Partum <48 hours of delivery, Postpartum >6 weeks	
Female sterilization	Within 7 days (PPS), otherwise wait 6 weeks (Mini Lap)	
Condom	Immediately or when sex is resumed	
Fertility awareness methods/Standard Day's Method (SDM) / or Natural Family Planning (NFP)	Start when normal secretions have returned (for symptoms-based methods) or she has had 3 regular menstrual cycles (for calendar-based methods). This will be better for breastfeeding women than for women who are not breastfeeding.	
Combined oral contraceptives	6 months after childbirth (Earlier use if not usually recommended unless other, more appropriate methods are not available or not acceptable.)	21 days after childbirth if not breastfeeding**
Progestin-only Injectables. DMPA (Depot medroxyprogesterone acetate)	6 weeks after childbirth (Earlier use if not usually recommended unless other, more appropriate methods are not available or not acceptable.)	-Immediately if not breastfeeding" -6 weeks after childbirth if partially breastfeeding.
Implants		
Vasectomy NSV	Immediately or during partners' pregnancy. ( If a man has a vasectomy during the first 6 months of his partner's pregnancy, it will be effective by the time she delivers her baby).	

### Method specific information

1. *Lactational Amenorrhea Method (LAM)* is the use of breast feeding as a temporary family planning method. Effectively prevents pregnancy at least 6 months and may be longer if all three conditions given below are met.
  - a. The baby is less than 6 months old.
  - b. After last child birth mother's menstrual period has not returned.
  - c. The baby is fully breast fed (exclusive breast feeding)
2. *Post Partum Intrauterine Contraceptive Device (PPICD)*- Doctors need competency based special training including clinical experience in postpartum insertion technique. It is not included in the alternate methodology of IUCD training for 380 A.
3. *Condoms*- Condoms help protect against sexually transmitted infections, including HIV. It requires correct use with every act of sex for greatest effectiveness. It requires both male and female partner's cooperation. It may dull the sensation of sex for some men. Timing of Introduction- Can be used soon after birth as sex resumes.

4. *Combined Oral Contraceptive Pills: (Mala N and Mala D)*- Timing of Introduction. This pill can be started at 6 months post partum by the breastfeeding women and at 3 weeks by the non-breast feeding women.
5. *Progestin only injectables*- This injectable contraceptive depot medroxy progesterone acetate (DMPA) contains a progestin like a natural hormone progesterone in women's body.
  - a. Bleeding changes are common but not harmful. Typically, irregular bleeding for the first several months and then no monthly bleeding
  - b. Return for injections regularly. Coming back every 3 months (13 weeks) for DMPA.
  - c. Gradual weight gain is common
  - d. Return of fertility is often delayed.

Timing of Introduction:  
 For Breast feeding Women: Six weeks after delivery  
 For Non breast feeding women: Any time after birth
6. *Female Sterilization(PPS)*: For women or couples who are certain that they want no more children. Involves a physical examination and surgery. Has no long term side effects.  
 Timing of Introduction:  
 It can be performed within the first week of post partum (PPS) or after 6 weeks postpartum (Mini Lap). Immediate postpartum tubal occlusion services (within 48 hours of delivery) need to be made an integral part of maternity services.
7. *Fertility Awareness Methods*: Start when secretions have returned (for symptoms0-based methods) or she has had 3 regular menstrual cycles (for calendar-based methods). This will be later for breastfeeding women than for women who are not breastfeeding. It requires partner's cooperation- Couple must be committed to abstaining or using another method on fertile days. Must be aware of body changes or keep track of days, according to rules of the specific method. No side effect or health risk.
8. *Emergency Contraception*: Emergency Contraceptives Pills (ECPs) along with condoms may be offered as backup method for post partum women. However, they should be encouraged to switch over to regular and more effective method of contraception.

Yours Faithfully,

Sd/-

(Dr. J.B. Ekka, IAS)

Secretary to GoA, Health & FW Deptt.  
 & Mission Director, NRHM, Assam

*Dated: 25<sup>th</sup> August 2009*

*Memo No. NRHM/FW/PNDT/349/06-07/*

Copy for information and necessary action to:

1. The Jt. Director , Health Services cum Member Secretary, DHS , all district,  
 \_\_\_\_\_district
2. The District Prog. Manager/ District Accounts Manager \_\_\_\_\_ District

Sd/-

(Dr. J.B. Ekka, IAS)

Secretary to GoA, Health & FW Deptt.  
 & Mission Director, NRHM, Assam